

D 3197-041

Work Order ID 107927

B 107927

\*107927\*

October-07-13 9:02:27 AM

Page 1

Item ID: D3197-041

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Bar

Start Date: 10/07/13 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 10/07/13 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals: Process Plan: MLC

Date: 13-10-09

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
D3197	Rev B	0.00							
100	BAND SAW	0.00							
*100*	Memo	0.00							
Bandsaw	Cut blanks: 29.125" long								
110	HAAS CNC VERTICAL MACHINING #1	0.00							
*110*	Memo	0.00							
HAAS 1	1-Face ends to lenght per dwg D31972-Machine D3197-1 as per Folio FA340 and Dwg D31973-Deburr								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
*120*	Memo	0.00							
QC									
Quality Control									

13-10-30

4 0

13/10/01 4 0

13/10/01 4 0

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA 2001 Date: 13/12/05

DQA OK Date: 13/12/05

QA Closed: 13/12/13 Date: 13/12/13

Work Order: <u>107927</u>	<b>DISPOSITION</b>	<b>AGAINST DEPARTMENT/PROCESS</b>					
Part No. <u>D3197-041</u>	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
	Scrap <input type="checkbox"/>	Machining <input checked="" type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
NCR No. <u>13-3284</u>	Use-as-is <input checked="" type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			

Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
		13/11/1	110	1	One flat is 0.365 wide.	13/11/1  DAS 12 889	Flat is on neutral axis and has little effect on strength  Acceptable	13/11/1  DAS 12 889  13/11/1	B-a  13/11/04	DAS 27 889  13/12/00

**FAULT CATEGORY**

Failure Category				
Landing Gear	General			
Bending	Bend	Grain	Ovalized	Pressure/Forced
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld
Crushed/Crimped	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled
Cuffs	Contamination	Maintenance	Part Moved	
Heat Treat	Countersink	Mislabeled	Positioned Wrong	
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge	
Ripples in Bend	Drill Holes	Offset		
Torque Waves in Extrusion	Drawing	Out of Calibration		
Turning Sequence	Finish	Out of Sequence		
Wave/Twist in Tube	Folio	Outside Dimensions		
				Other

**Work Order ID: 107927****\*107927\***

Page 2

October-07-13 9:02:27 AM

Item ID: D3197-041

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Bar

Stop

**\*NS2\***

Start Date: 10/07/13 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 10/07/13 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	<b>*NR1*</b>
	QC:	Date:	SPC (Y/N):	Date:		Stop	<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> Lathe Conv	CONVENTIONAL LATHE Memo Conventional Lathe	0.00	MH	13/11/01	4	0			

140 <b>*140*</b> QC Quality Control	QC8- Inspect parts - second check Memo	0.00	<i>13/11/03</i>	<i>4</i>	<i>0</i>	<i>DAS 08 8-89</i>
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150 <b>*150*</b> HandFinish Hand Finishing	Chemical Conversion Coat per QSI005 4.1 Memo	0.00	<i>4</i>	<i>13/11/03</i>	<i>4</i>	<i>7B/13-11-9</i>
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NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS											
Part No. _____	Work Order Update	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Finishing <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
NCR No. _____																	
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector				
Doc/Data																	
Equip/Tooling																	
Operator																	
Material																	
Setup																	
Other																	
Process																	
Supplier																	
Training																	
Unapproved																	
FAULT CATEGORY																	
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
														<input type="checkbox"/> Other			

Work Order ID 137927

October-07-13 9:02:27 AM

\*107927\*

Item ID: D3197-041

Accept

\*N900040100\*

Setup Start \*NS1\*

Stop \*NS2\*

Revision ID:

Item Name: Bar

Start Date: 10/07/13 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 10/07/13 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Routing:

Date:

Run Start \*NR1\*

Stop

\*NR2\*

\*NR2\*

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run HoursTool ID Tool # Plan  
CodeAccept  
Qty Reject  
Qty Reject  
Number Insp.  
Stamp

160

\*160\*

Powdercoat

Powder Coating

Grey Sandtex (Ref 4.3.5.6) per OSI005 4.3  
M125008.

0.00

4 φ B-11-14  
989  
34  
DAS

170

\*170\*

QC

Quality Control

QC3- Inspect Part Finish

0.00

DAS

27

9-89

4

180

\*180\*

Small Fab

Small Fab

Small Fab

0.00

4

FF  
13-11-27

Memo

Assemble D3197-041 as per Dwg D3197

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS														
Part No. _____	Work Order Update	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector						
Doc/Data																			
Equip/Tooling																			
Operator																			
Material																			
Setup																			
Other																			
Process																			
Supplier																			
Training																			
Unapproved																			
FAULT CATEGORY																			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			

Work Order ID 107927

October-07-13 9:02:27 AM

\*107927\*

Page 4

Item ID: D3197-041

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Bar

Start Date: 10/07/13 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 10/07/13 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

DAS  
27  
9:89

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

190

QC5- Inspect part completeness to step on W/O

0.00

0.00

\*190\*

QC

Quality Control

Bln/21

4

200

Identify as per dwg & Stock Location: 51259

0.00

\*200\*

Packaging

Packaging

Memo

0.00

4X

DAS  
28  
9:89

13-11-27

210

QC21- Final Inspection - Work Order Release

0.00

\*210\*

QC

Quality Control

Memo

0.00

13/11/29 JJ

MF  
13-11-28

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>						
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	<input type="checkbox"/> Other						
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

# Picklist Print

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Page 1

Work Order ID: 107927

Parent Item: D3197-041

Start Date: 10/07/13

Required Date: 10/07/13

Parent Item Name: Bar

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev: A New Issue 05-11-08 JLM  
IPP Rev:B As per Rev B 06-03-10 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2690-5 Lanyard Ass'Y		Manufactured	No			180	Each	31.0000	2	8		FF 13-11-22	
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				ST014			31						
				100722			3						
				102708			15				2		
				103017			4						
				103805			9				6		
D3232-1 Tag		Manufactured	No			180	Each	16.0000	2	8		FF 13-11-22	
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				GA	109302		16		1107834		4		
					102026		8				4		
					102980		8						
D3489-3-200 Pip Pin		Manufactured	No			180	Each	4.0000	2	8		FF 13-11-22	
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				GA	107837		4				8		
					100724		4						
M7075T73R1.000 7075-T73 Rd Bar 1.00		Purchased	No			180	f	45.0000	2.42	12.1	9.833	13-10-30	
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				MAT012			45						
				125586			18.75						
				m126310			26.25				9.833		

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

# Picklist Print

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Page 2

**Work Order ID:** 107927

**Parent Item:** D3197-041

**Start Date:** 10/07/13

**Required Date:** 10/07/13

**Parent Item Name:** Bar.

**Start Qty:** 4.00

**Required Qty:** 4.00

MS21042L3

Purchased

No

180

Each

5,472.0000

2

8

Nut

FF 13-11-22

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
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FP001	3	
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122141	3	
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GA	18	
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122452	18	
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ST314	304	
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111668	1	
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117885	32	
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119017	55	
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119075	138	
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123265	43	
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M126036	35	
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ST506	1161	
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123900	849	
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124291	312	
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ST510a	3986	
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M126275	29	
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<u>M126333</u>	3957	
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8

MS27039-1-24

Purchased

No

100

Each

26.0000

2

8

Screw

FF 13-11-22

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
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GA	127432	
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121912	26	
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8

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>				Pressure/Forced			
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>				Temperature/Cure			
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>				Weld <input type="checkbox"/>			
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>				Wrong Stock Pulled <input type="checkbox"/>			
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>							
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

# Picklist Print

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Page 3

**Work Order ID:** 107927

**Parent Item:** D3197-041

**Start Date:** 10/07/13

**Required Date:** 10/07/13

**Parent Item Name:** Bar

**Start Qty:** 4.00

**Required Qty:** 4.00

NAS1149D0363J

Purchased

No

180

Each

6,243.0000

6

24

Washer

88 13-11-22

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
FP001	1	
123248	1	
ST294	303	
113068	11	
124392	292	
ST510a	5939	
<u>m126319</u>	5939	<u>24</u>

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>		Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>		Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>		Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>		Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>								
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>								
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>								
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>								
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>								
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>								
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>								
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								
	Pressure/Forced Temperature/Cure Weld Wrong Stock Pulled										
	Other										

DART AEROSPACE LTD	Work Order:	107929
Description: Bar	Part Number:	D3197-1
Inspection Dwg: D3197	Rev: B	Page 1 of 1

## FIRST ARTICLE INSPECTION CHECKLIST

## X First Article      Prototype

dis

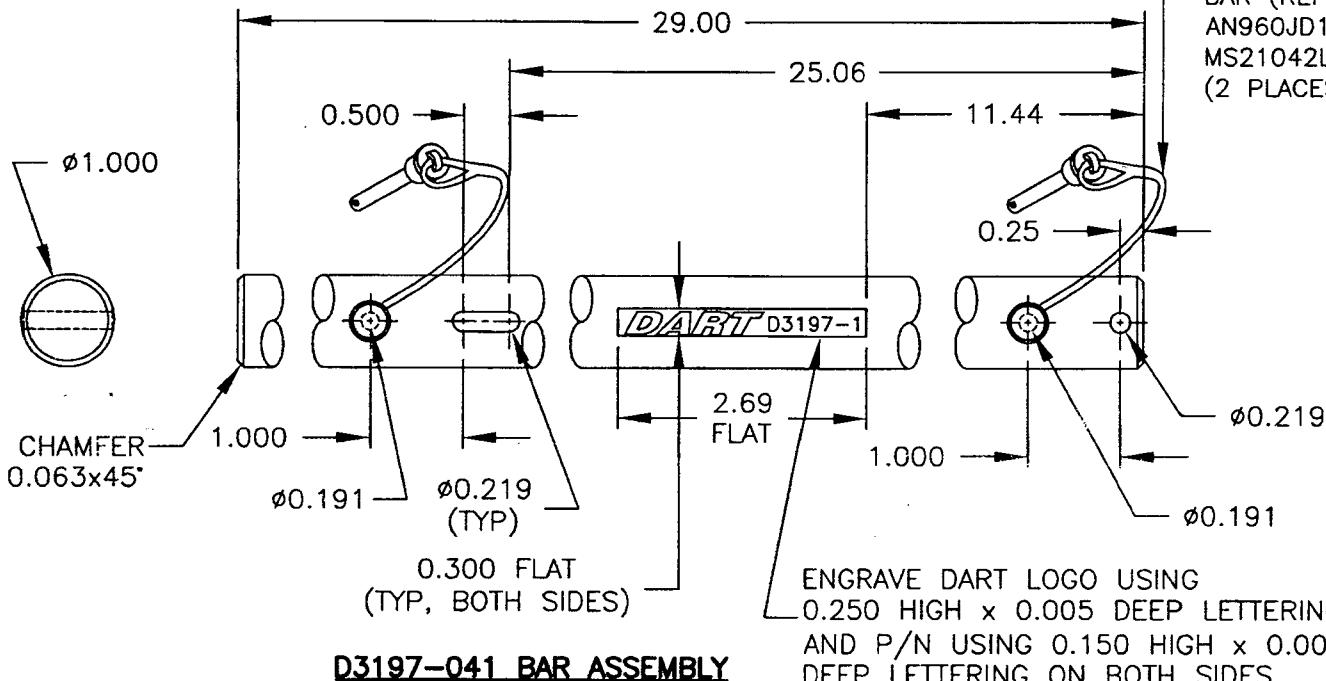
Measured by:	MH	Audited by:	J.A.	08/09/03	Prototype Approval:	N/A
Date:	13/01/01	Date:	13/01/03		Date:	N/A

Rev	Date	Change	Revised by	Approved
A	04.04.20	New Issue (P/O D3197-041)	KJ/JLM	
B	07.03.09	Dwg revision update	KJ/JLM	EE

1 2 3 4 5 6 7 8 9

D3489-3-200 PIP PIN (1)  
D3242-1 TAG (1)  
MS27039-1-24 BOLT (1)  
AN960JD10 WASHER (1)  
D2690-5 LANYARD (1)  
AN960JD10 WASHER (1)  
BAR (REF)  
AN960JD10 WASHER (1)  
MS21042L3 NUT (1)  
(2 PLACES)

**DART**



**D3197-041 BAR ASSEMBLY**

D3197-1 BAR

- 1) MATERIAL: 7075-T73 ROUND BAR (QQ-A-200/11 or QQ-A-225/9) Ø1.000 O.D.  
(REF DART SPEC. M7075T73R1.000)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT SANTEX (4.3.5.6) PER DART QSI 005 4.3
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) FOR TOOLING, IT IS ACCEPTABLE TO HAVE A 0.06 DEEP X 60° CENTER MARK AT EITHER  
END OF THE BAR

107927 MLS  
13-10-09

**RELEASED**  
06.07.21  
P/N D3197-041

**DART**

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**D3197-041 BAR ASSEMBLY**

**COMPONENTS LIST**

- D3489-3-200 PIP PIN (1)
- D3242-1 TAG (1)
- MS27039-1-24 BOLT (1)
- AN960JD10 WASHER (1)
- D2690-5 LANYARD (1)
- AN960JD10 WASHER (1)
- BAR (REF)
- AN960JD10 WASHER (1)
- MS21042L3 NUT (1) (2 PLACES)

DESIGN CP	DRAWN BY CP	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
CHECKED #	APPROVED #	DRAWING NO. D3197
DATE 06.01.10		TITLE BAR
A	03.07.01	NEW ISSUE
B	06.01.10	CHG PIP PIN; ADD D3242-1 TAG

**NOTES**

1) MATERIAL: 7075-T73 ROUND BAR (QQ-A-200/11 or QQ-A-225/9) Ø1.000 O.D.  
(REF DART SPEC. M7075T73R1.000)

2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT SANTEX (4.3.5.6) PER DART QSI 005 4.3

3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

4) ALL DIMENSIONS ARE IN INCHES

5) FOR TOOLING, IT IS ACCEPTABLE TO HAVE A 0.06 DEEP x 60° CENTER MARK AT EITHER END OF THE BAR

107927 MLC  
13-10-09